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CONFIRMATION NO. 4798

|  |   |                               |   |   |                                |
|--|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/807,016   | <b>FILING OR 371(c) DATE</b><br>03/23/2004<br><b>RULE</b>   | <b>CLASS</b><br>434           | <b>GROUP ART UNIT</b><br>3714   | <b>ATTORNEY DOCKET NO.</b><br>115-004US |                                |
| <b>APPLICANTS</b><br>David Feygin, Washington, DC;<br>Chih-Hao Ho, Reston, VA;<br><br><b>** CONTINUING DATA *****</b> NA 30<br><br><b>** FOREIGN APPLICATIONS *****</b> NA 30<br><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/03/2004</b>  |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <u>                    </u> <u>IC</u><br>Acknowledged <u>                    </u> <u>                    </u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>DC | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>40               | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>22897  |   |                               |   |   |                                |
| <b>TITLE</b><br>Vascular-access simulation system with ergonomic features  |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1130   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |